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CONFIRMATION NO. 5619

<b>SERIAL NUMBER</b> 10/777,740	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> END-5015NP
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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *BR*

This appln claims benefit of 60/447,543 02/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 05/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature <i>hassan</i> <i>key</i> <i>BR</i> Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
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## ADDRESS

000027777

## TITLE

Fingertip ultrasound medical instrument

<b>FILING FEE RECEIVED</b> 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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